

# TOWN OF NEWTOWN HOUSING REHABILITATION PROGRAM

**Date Received** \_\_\_\_\_  
**Date Approved** \_\_\_\_\_  
**Project No.** \_\_\_\_\_

ALL PERSONAL INFORMATION IS STRICTLY CONFIDENTIAL

## I. PROPERTY INFORMATION

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Name(s) \_\_\_\_\_

On Title \_\_\_\_\_

The Property is:      Owner-Occupied \_\_\_\_\_      Non-Owner Occupied \_\_\_\_\_

## II. PERSONAL APPLICANT INFORMATION

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

Tele. #: \_\_\_\_\_ Best Time to be Reached \_\_\_\_\_

### III. DESCRIPTION OF PROPERTY (CHECK ONE)

RESIDENTIAL:

\_\_\_\_\_ Single Family (Owner Occupied)

           Single Family (Rental)

Two Family

\_\_\_\_Three Family

\_\_\_\_ Four Family or More  
(Specify)

Is there any space in the building being used for non-residential purposes?

\_\_\_\_\_ Yes \_\_\_\_\_ No How Much? \_\_\_\_\_

Are there any back property/sewer taxes due on properties owned by you within the Town?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

IV. If property is a single family home, list all persons as Apt. #1. If an apartment is vacant, list Name as "Vacant" with Apt. #. Please list all persons who reside in each apartment.

*NOTE: Projects which require relocation or displacement of existing tenants may not be eligible for assistance.*

[illegible]

\*Information is requested for Program reporting purposes only. Provision of this information is NOT mandatory and will not change your eligibility.

V. Briefly describe the work you wish to do: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VI. Attach most recent copy of Federal Income Tax Return (1040). If not available, explain and list all Sources and Amounts of Income.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are receiving Social Security, Pensions, Unemployment Compensation, Child Support, Alimony, or other Benefits which do not appear on your latest income tax return, please attach documentation of same.

Please estimate below the total of all encumbrances currently secured by this property (Mortgages, Equity Line of Credit, Liens, etc.)

\$ \_\_\_\_\_

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applications on the basis of sex or marital status, race, color, creed or national origin. Furthermore, no discrimination shall be practiced in the sale, leasing, rental, or other disposition of residential property and related facilities, or in the use or occupancy thereof.

I authorize the Program to obtain such information as it may require concerning the statements made in this application, including a credit check, and agree that the application shall remain its property whether or not the application is accepted or rejected.

I/We hereby certify that all statements on this application are true and complete.

Applicant Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to:

Community Development Office  
Edmond Town Hall  
45 Main Street  
Newtown, CT 06470

\_\_\_\_\_